

SECRET

## PROJECT EVALUATION FEEDBACK

PROJECT NO. 94-226-0

DATE OF PROJECT MARCH 94

The following is an evaluation form for the project you reviewed. Please complete this form and return to [redacted] Chief, Technology Assessments and Support Activity.

SG1J

A. Is the information accurate? (Circle response)

CATEGORIES	Source A	Source B	Source C
(1) Yes (true)	(1)	(1)	(2)
(2) May be true	(2)	(2)	(2)
(3) Possibly true	(3)	(3)	(2)
(4) No	<del>(4)</del>	(4)	(3)
(5) <del>Probably</del> Possibly not true	(5)	(5)	(3)
(6) Unsure	(6)	(6)	(6)

B. What is value of the source(s)' information? (Circle response)

(1) Major significance	(1)	(1)	(1)
(2) High value	(2)	(2)	(2)
(3) Of value	(3)	(3)	(3)
(4) Low value	(4)	(4)	(4)
(5) No value	(5)	(5)	(5)

UNCLASSIFIED WHEN BLANK

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NOT RELEASABLE TO FOREIGN NATIONALS  
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Enclosure 2

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Pg. 06

94-226-0

SECRET

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C. Rationale for source evaluation. Provide rationale/analysis which led to your evaluation of responses provided above. Include confirmatory/new confirmatory data and whether collection requirements are currently validated/tasked to either obtain or verify such data. Please provide your written evaluation by source.

(A) NAME ASSOCIATED WITH VESSEL IS CORRECT, OTHER INFORMATION ON CREW AND ACTIVITY DOES NOT CORRELATE WITH OTHER INTEL. TIME INFO FOR COMPLETION OF CURRENT ACTIVITY ACCURATE

(B) NAME ASSOCIATED WITH CIGARETTE BATS IS WRONG. HOWEVER CIGARETTE BATS AS A PLAYER IN THIS ACTIVITY IS PROBABLY ACCURATE. OTHER INFO CANNOT BE CONFIRMED OR DENIED.

SG1B

(C) IDENTITY OF [REDACTED] AS A DRUG SMUGGLING VESSEL IS ACCURATE. SIZE IS ACCURATE. TIME FRAME OF ACTIVITY IS ACCURATE, DRUG INVOLVEMENT IS ACCURATE

SG1I

D.



SG1A



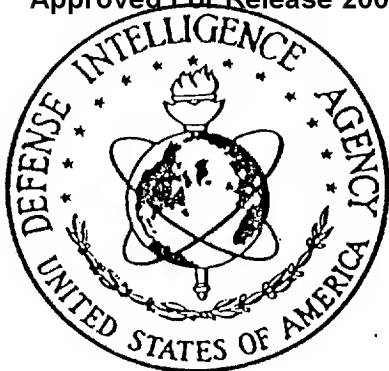
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CONTROL NUMBER

SG1J

SG1A

TO BE COMPLETED BY REQUESTER

FROM

OFFICE/DESK

PAG-TA

PHONE NUMBER

SUBJECT

Project 94-226-0

CLASSIFICATION

S/NF/SG/LINDIS

PAGES

1+6

DELIVERY INSTRUCTIONS

HOLD FOR NORMAL DUTY HOURS

X

DELIVER IMMEDIATELY

TRANSMIT TO

AGENCY

INDIVIDUALS NAME

OFFICE

ROOM NUMBER

PHONE NUMBER

JTF5

REMARKS

SG1I

SG1A

DIA FORM 701-4 (4-89) REQUEST/RECEIPT FOR TRANSMISSION